

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)

Serial No.

Filing Date

10/588920

Atticount

CLAIMS

	AS FILED		AFTER + AMENDMENT		AFTER - AMENDMENT			AS FILED		AFTER + AMENDMENT		AFTER - AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2			1				52						
3							53						
4			2				54						
5							55						
6							56						
7							57						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			↓		↓								
TOTAL DEP.			↓		↓								
TOTAL CLAIMS	7		7		7								